COACH-

PLEASE COMPLETE ALL 4 PAGES AND RETURN WITH A COPY OF YOUR DRIVERS LICENSE.

THANK YOU!

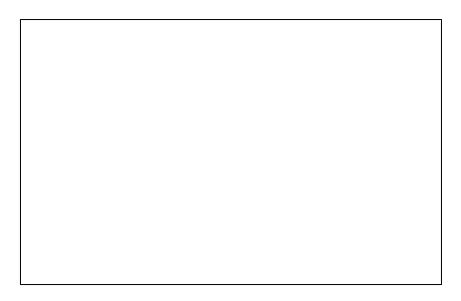
Please fill in preferred contact information to be shared with your team:

- Name: ______
- Telephone: _______
- Email:
- Division You are Coaching in: _______

Return via:

- Email <u>recadmin@plymouth-ma.gov</u>
- Fax: 508-830-4062 Attn: Recreation
- Mail: Recreation Dept. 26 Court St., Plymouth, MA 02360
- Drop off: Recreation Dept. 26 Court St., Plymouth, MA 02360 (1st floor of Town Hall)

Copy license here:



CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES

The Town of Plymouth is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to **Town of Plymouth** to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing **Town of Plymouth** with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The **Town of Plymouth** may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that **Town of Plymouth** must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

SIGNATURE

DATE

SUBJECT INFORMATION

Last Name	First Nam	e M	/liddle Name		Suffix
Maiden Name (or othe	r name(s) by which	n you have been kno	wn):		
Date of Birth:	Plac	e of Birth:			
Last Six Digits of Your	r Social Security N	umber (Mandatory)	:		
Sex: Height:		ve Color:	Race:		
Driver's License or ID					
Mother's Full Maiden N	Jame:				
Father's Full Name:					
Current and Former Ad					
Street Number & Nan	ne	City/Town		State	Zip
Street Number & Nan	ne	City/Town		State	Zip

The above information was verified by reviewing the following form(s) of government issued

identification:

VERIFIED BY:

Name of Verifying Employee (Please Print)

Signature of Verifying Employee

SORI Authorization Town of Plymouth Human Resources Department

The Town of Plymouth is requesting all the available sexual offender record information (SORI) on the following individual, _____.

The undersigned applicant certifies that he/she has duly authorized this SORI check, and he/she acknowledges that all information requested is for the exclusive, official use of the Town of Plymouth as part of the background investigation for the hiring process.

Please provide the following information:

Name		
(first)	(middle)	(last)
Maiden Name		
Address:		
Town:	_ State:	Zip Code:
Social Security #:		
Height	Hair Color	Eye Color
MA Drivers License # _		
Date of Birth:		
Applicant's Signature		Date

Human Resources • 26 Court Street • Plymouth • MA • 02360 • 508-747-1620 ext. 10101